

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 1201

Office of Registrar of Vital Statistics.

Ward

7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 11 - 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Julia Barina

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

7 Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Home

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give Street and Number. }

830 N. Bond St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Cholera Infantum
convulsions

Duration of Last Sickness,

one day

All the above information should be furnished by the Physician.

Place of Burial,

Bohemian National

Date of Burial,

July 12. 1887

{ Undertaker,

Frank C. Wade

Wm. L. Russell

M. D.

Medical Attendant.

{ Place of Business,

227 N. Duval

Address, 800 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A 1202* Office of Registrar of Vital Statistics.

Ward *19th*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 10/87*

Full Name of Deceased, *Eliza M. Sofer*
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, *Female*
{ Cross out the word not required in this line. }

Age, *66* Years, *6* Months, *26* Days.

Color, *White*

Married, Single, Widow or Widower, *Married* ✓
{ Cross out the words not required in this line. }

Occupation, _____

Birth Place, *Baltimore City*
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *About 50 years*

Place of Death, *636 N. Carrollton Ave*
{ Give Street and Number. }

Cause of Death, *Chronic Softening of Brain*
{ First (Primary), Paralysis }
{ Second (Immediate), }

Duration of Last Sickness, *About 4 years*

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemetery*

Date of Burial, *June 13/87*

Undertaker, *Denny & Mitchell*

Place of Business, *1201 N. Fayette*

J. S. C. Gibbons M. D.

Medical Attendant.

Address, *833 Edmondson Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1203 Office of Registrar of Vital Statistics.

Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Andrew Emrich

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 33 Years, 5 Months, 22 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Baker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, { Give Street and Number. } 1514 E Fayette St

Cause of Death, { First (Primary), Second (Immediate), } Cancer of Testicle

Duration of Last Sickness, Result of an injury sustained in 1884.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 13th 1887

Undertaker, J. W. Seewald

Place of Business, 119 S. Eutan Address, 4 N Broadway

J. W. Seewald M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1294 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel H. Henry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 69 Years, 11 Months, 2 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Physician

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Connecticut Co

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give Street and Number. } 1016 N. E. Calver St

Cause of Death, { First (Primary), Second (Immediate), } Right Hemiplegia - Hemorrhage in Brain - Apoplexy -

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park

Date of Burial, July 13th 1887

Undertaker, H. H. Jenkins & Sons

Place of Business, 201 N. Hanover St. Address, 26 N. York St.

Quovan Bibb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. A 1205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11, 1887
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Marion C. Dexter
 Sex, Male ~~Female~~, { Cross out the word not required in this line. }
 Age, 64 Years, _____ Months, _____ Days.
 Color, White Sex, ✓
 Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }
 Occupation, _____
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Washington D.C.
 Duration of Residence in the City of Baltimore, 10 Days
 Place of Death, { Give street and number. } 701 St. Paul Street
 Cause of Death, { First (Primary), Second (Immediate), } Malaria & Diarrhoea
Uremic Coma
 Duration of Last Sickness, Six Days
 All the above information should be furnished by the Physician.

Place of Burial, Boston Mass
 Date of Burial, July 12th 1887
 Undertaker, W. H. Jenkins & Son Address 804 Mad. St.
 Place of Business, 201 N. Annapolis St.
 Medical Attendant, W. T. Howard M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1206 Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11 '81

Full Name of Deceased, Wm A Lockman
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 21 Years, 0 Months, 0 Days.

Color, Dark

Married, Single, ~~Widow~~ or ~~Widower~~, Single
{ Cross out the words not required in this line. }

Occupation, Brickmaker

Birth Place, Bald Md
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, 150 Hamburg St
{ Give Street and Number. }

Cause of Death, Consumption
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetery

Date of Burial, July 13 1881

Undertaker, Wm A Ross

Place of Business, 407 Conway St Address, 600 Columbia av.

J. Tyler Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1207 Office of Registrar of Vital Statistics.

Ward 20^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1887

Full Name of Deceased, Sarah Bayne

Sex, Male or Female, Female

Age, 63 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, Widow

Occupation, Nurse

Birth Place, Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, 1540 Penna Ave

Cause of Death, Cancer of the Pylorus.
Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, July 15th 1887

Undertaker, Martin J. J. J.

Place of Business, 606 N. Townsend St. Address, 1701 Dr. Hill Ave.

Frank J. F. Lanning M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1208 Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th

Full Name of Deceased, Edgar V. Conway

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 Years, 27 Months, 27 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.}

Cause of Death, {First (Primary), Second (Immediate),}

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 13th 1887

{ Undertaker, C. F. Wranse

{ Place of Business, 703 Hanover

I. C. Bunch M. D.

Medical Attendant.

Address, 511 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1209 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo Diggs Jr

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 1 Years, 9 Months, 13 Days

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 34 L McElderry St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 34 L McElderry St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Borne

Date of Burial, July 13th 1887

Undertaker, W. M. Dungee D. V. Meyer M. D.

Place of Business, 157 East St Address, 728 Annapolis St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1210 Office of Registrar of Vital Statistics.

Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie E. Carter

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } Cor. York Ave & Hull St

Cause of Death, { First (Primary), Second (Immediate), } Probably Enterocolitis
Spasms

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, July 13. 1887

Undertaker, Daniel G. Gynn

Place of Business, 42 E. West St

Frank J. Flannery M. D.
Medical Attendant.

Coroner
Address, 1701 Dr. Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]